

# Disabled Parking License Plates Application

MV2162 6/99

## Applicant Section

☐ Check if you would also like one (1) Disabled Parking Identification Card. Include a \$6 ID card fee.

### Registration for Vehicle Owned by - Check one:

- ☐ Person with disability.
- ☐ Person who regularly attends person with disability. Print name and sign below.
- ☐ Leasing company or employer who leases or provides vehicle to person with disability. Print name and sign below.
- ☐ Trust whose beneficiary is person with disability. Complete and attach form MV2790. Click [here](#) to download Form MV2790. Forms may be obtained from any DMV Customer Service Center. Sign below.

### Please Print Clearly

Legal Name of Person with Disability - First, Middle Initial, Last	
Address	
City, State, Zip Code	
Social Security Number	
Month, Day, Year You Were Born	<input type="checkbox"/> Female <input type="checkbox"/> Male
Driver License/Nondriver Identification Number - If none, write NONE	
Telephone Number Where You May be Reached 7AM-4:30PM	

I have read the information on this form and understand the qualifications and provisions under which "Disabled" license plates may be issued. I authorize my health care specialist to supply the information requested on this form.

\_\_\_\_\_  
(Signature of Person with Disability)

\_\_\_\_\_  
(Date)

If you regularly attend the person with a disability, or are a leasing company or employer print name and sign:

Print Name
Signature
This Area for Office Use

### Check One:

- ☐ I would like nonpersonalized Disabled Plates.
- ☐ I would like personalized Disabled Plates. (Complete page 3)

## Eligibility Section

A new certification of eligibility by a health care specialist is required only for persons who do not already have DIS or VET plates or a disabled ID card.

If you have received a DIS or VET plate or a disabled ID Card in the last four years, please indicate:

\_\_\_\_\_ Card Number

\_\_\_\_\_ Plate Number

If you do *not* have a DIS or VET plate or disabled ID card, this certification *must* be completed. Recertification is required every 4 years.

This must be completed and signed by any of the following health care specialists licensed to practice in any state: a physician, an advanced practice nurse, or a chiropractor; or a physician assistant certified to practice in any state, or a Christian Science Practitioner residing in Wisconsin.

A permanent disability by legal definition includes any person who:

- Cannot walk 200 feet or more without stopping to rest;
- Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
- Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- Uses portable oxygen;
- Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
- Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
- Has an equal degree of disability to those described above.

### Please Print Clearly

Legal Name of Person with Disability - First, Middle Initial, Last	
Name of Person Certifying Eligibility	
Address	
City, State, Zip Code	
Medical License Number	Area Code and Office Telephone Number

☐ Yes ☐ No

Does the applicant's medical condition or disability impair his/her ability to **SAFELY** operate a motor vehicle? The department has a responsibility to ensure that all drivers are able to exercise reasonable control over their vehicles. If the answer is yes, a driving examination will be required.

I certify that the applicant is **permanently** disabled according to the conditions specified on this form.

\_\_\_\_\_  
(Authorized Signature of Health Care Specialist)

\_\_\_\_\_  
(Date)

Mail or deliver to: Wisconsin Department of Transportation  
Special Plates Unit - Room 100  
P O Box 7911  
Madison WI 53707-7911

## Personalized Disabled License Plate Application

First Choice						
Meaning of First Choice						
Second Choice						
Meaning of Second Choice						
Third Choice						
Meaning of Third Choice						

Choose 1-6 characters. If you choose 6 characters, no spaces are allowed.

A	M	B	U	L	8
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If you choose 5 characters, you may request up to 2 spaces between any of the characters. Indicate this request with diagonal lines as shown here.

I	/	M	/	A	B	L
---	---	---	---	---	---	---

Carefully distinguish between:

Letters **L** or **I** and Number **1**

Letter **S** and Number **5**

Letter **G** and Number **6**

Letter **Z** and Number **2**

Letter **B** and Number **8**

Letter **U** and Letter **V**

Note: If requested personalized plate choices are not available, nonpersonalized Disabled plates will be issued.